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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/591,171	08/30/2006	Hideo Hashimoto	5865-0101PUS1	6043
	7590 05/29/200 ART KOLASCH & BI	EXAMINER		
PO BOX 747	CH 3/4 22040 0747	WALDBAUM, SAMUEL A		
FALLS CHURO	CH, VA 22040-0747		ART UNIT	PAPER NUMBER
			1792	
			NOTIFICATION DATE	DELIVERY MODE
			05/29/2009	ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

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Interview Summary	10/591,171	HASHIMOTO, HIDEO	
interview Summary	Examiner	Art Unit	
	SAMUEL A. WALDBAUM	1792	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>SAMUEL A. WALDBAUM</u> .	(3)		
(2) <u>Fred Handren</u> .	(4)		
Date of Interview: <u>18 May 2009</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)∏ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed: <u>1</u> .			
Identification of prior art discussed: <u>2591143</u> .			
Agreement with respect to the claims f) was reached. g)⊠ was not reached. h)⊡ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>talked about the propose specification and 112 issues.</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERVIEW OF THE INTERVIEW OF THE SUBSTANCE OF THE SUBSTANCE OF THE INTERVIEW OF THE SUBSTANCE OF T	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, V	been filed, APP / DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
/Samuel A Waldbaum/ Examiner, Art Unit 1792			

Application No.

Applicant(s)